

Stach

Work Order ID 126658

\*126658\*

Page 1

Wednesday, November 19, 2014 3:56:06 PM

Item ID: D2893-1

Revision ID:

Item Name: Support

Start Date: 11/24/14

Required Date: 11/28/14

Reference:

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

10.04 hr  
Start Qty: 5.00 \*5\*  
Req'd Qty: 5.00 \*5\*

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2893	C

100 0.00

\*100\* HAAS CNC VERTICAL MACHINING #1

HAAS 1 Memo 0.00  
HAAS CNC vertical machine #1  
1-Machine as per Folio FA081  
2-Deburr

10 JFC 2014-11-25

110 QC2- Inspect parts off machine FAI/FAIB 0.00

\*110\* QC Memo 0.00

Quality Control

10 JFC 2014-11-25

PTO →

120 QC8- Inspect parts - second check 0.00

\*120\* QC Memo 0.00

Quality Control

OK 11/11/28

10 0 0

DQA:

Date: 6/12/10



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: 14/12/19

Work Order update only ☐

Work Order: <u>126658</u>	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>			
Part No. <u>D2893-1</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>14-4405</u>		Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling	14/11/26	100	2	Additional material removed in region of contact pads, $\approx 0.015$ at bottom of red.	DAS 12 9-89 14/11/26	Acceptable. No effect on strength & supports functionally the same	DAS 12 9-89 14/11/26 JFL	DAS 9 9-89 14-11-26	S velu/28
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input checked="" type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 126658**

Wednesday, November 19, 2014 3:56:06 PM

**\*126658\***

Page 2

Item ID: D2893-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Support

Start Date: 11/24/14 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 11/28/14 Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

0.00

**\*130\***

HandFXtube

Memo

0.00

~~Hand Finishing Crosstubes~~Per note 8 on page 1 of dwg D2893, Prep inner concave surface of support and  
apply 3M Scotch-Weld as per dwg.  
24h of cure time.

B: m128 292

140

QC3- Inspect Part Finish

0.00

**\*140\***

QC

Memo

0.00

Quality Control

(10)

DAS

38

9-89

DEC 03 2014

170

Identify as per dwg &amp; Stock Location: LG

0.00

**\*170\***

Packaging

Memo

0.00

Packaging

(10)

DAS

46

9-89

DEC 03 2014

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 126658**

Wednesday, November 19, 2014 3:56:06 PM

**\*126658\***

Page 3

Item ID: D2893-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Support

Start Date: 11/24/14 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 11/28/14 Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

14/12/8 JF  
MF  
14-12-04

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

Wednesday, November 19, 2014 3:56:10 PM

Page 1

Work Order ID: 126658

\*126658\*

Parent Item: D2893-1

\*D2893-1\*

Parent Item Name: Support

Start Date: 11/24/14

Required Date: 11/28/14

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP: C02.11.26Reformat; Added P/OKJ  
IPP D 06.04.19 removed alodine EC  
IPP Rev:E Added priming as per Rev B 07-04-30 JLM  
IPP F 08.03.19 Re-format EC verified by: DD  
IPP Rev:G 08-05-15 add QC14 DD verified by:EC  
11.08.04 as per dwg rev.C DD verf:EC  
IPP Rev:H

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
DSK078		Manufactured	No			100	Each	5.0000	0.5	3			

\*DSK078\*

\*\*

D2893-1 Turning Detail

Location

Loc Qty

Loc Code

MAT060

5

125299

5

5

Jfc 2014-11-25

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	126658
<b>Description: Ø2.750 Support</b>		<b>Part Number:</b>	D2893-1
<b>Inspection Dwg: D2893</b>	<b>Rev: C</b>	<b>Page 1 of 12</b>	

### FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	2.985	3.005		2.988	2.988	2.990	2.995	2.995
AB	0.440	0.460		0.450	0.450	0.450	0.450	0.450
AC	0.125	0.160		0.129	0.129	0.129	0.129	0.128
AD	0.040	0.060		0.050	0.050	0.050	0.050	0.050
AE	0.188	0.193		0.188	0.188	0.188	0.188	0.188
AF	0.125	0.160		0.143	0.143	0.140	0.140	0.144
AG	0.140	0.160		0.150	0.150	0.153	0.149	0.145
AH	1.360	1.400		1.376	1.377	1.376	1.376	1.374
AI	0.040	0.060		0.050	0.053	0.052	0.053	0.051
AJ	1.190	1.230		1.219	1.219	1.219	1.221	1.215
AK	0.010	0.020		0.010	0.010	0.010	0.010	0.010
AL	0.053	0.073		0.063	0.063	0.063	0.063	0.063
AM	0.240	0.260		0.250	0.250	0.250	0.250	0.250
AN	2.518	2.538		2.534	2.534	2.538	2.538	2.538
AO	84.39	90.39		87.39	87.39	87.39	87.39	87.39
AP	0.261	0.266		0.262	0.262	0.262	0.262	0.262
AQ	0.053	0.073		0.063	0.063	0.063	0.063	0.063
AR								
AS								
AT								
Accept/Reject								

6

2.994  
0.450  
0.128  
0.050  
0.188  
0.145  
0.150  
1.374  
0.051  
1.219  
0.010  
0.063  
0.250  
2.538  
87.39  
0.262  
0.063

<b>Measured by:</b> JFC	<b>Date:</b> 2014-11-25
<b>Audited by:</b> [Signature]	<b>Date:</b> 14/11/28
<b>Preliminary Approval:</b>	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	[Signature]



<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	126688
<b>Description: Ø2.750 Support</b>		<b>Part Number:</b>	D2893-1
<b>Inspection Dwg: D2893</b>	<b>Rev: C</b>	<b>Page 2 of 2</b>	

### FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	17	18	19	10	5
HAAS Section 2899								
AA	2.985	3.005	2.999 →	.450	.450	2.997	2.997	
AB	0.440	0.460		.450	.450	.450	.450	
AC	0.125	0.160		.127	.131	.125	.125	
AD	0.040	0.060		.05	.05	.05	.05	
AE	0.188	0.193		.188	.188	.188	.188	
AF	0.125	0.160		.143	.141	.143	.143	
AG	0.140	0.160		.149	.151	.154	.153	
AH	1.360	1.400		1.398	1.380	1.372	1.379	
AI	0.040	0.060		.048	.048	.049	.051	
AJ	1.190	1.230		1.216	1.219	1.214	1.219	
AK	0.010	0.020		.010	.010	.010	.010	
AL	0.053	0.073		.063	.063	.063	.063	
AM	0.240	0.260		.250	.250	.250	.250	
AN	2.518	2.538		2.530	2.532	2.531	2.530	
AO	84.39	90.39		87.39	87.39	87.39	87.39	
AP	0.261	0.266		.262	.262	.262	.262	
AQ	0.053	0.073		.063	.063	.063	.063	
AR								
AS								
AT								
Accept/Reject								

<b>Measured by:</b>	PHH/27	<b>Date:</b>	14/11/27
<b>Audited by:</b>	ML	<b>Date:</b>	14/11/28
<b>Preliminary Approval:</b>		<b>Date:</b>	

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

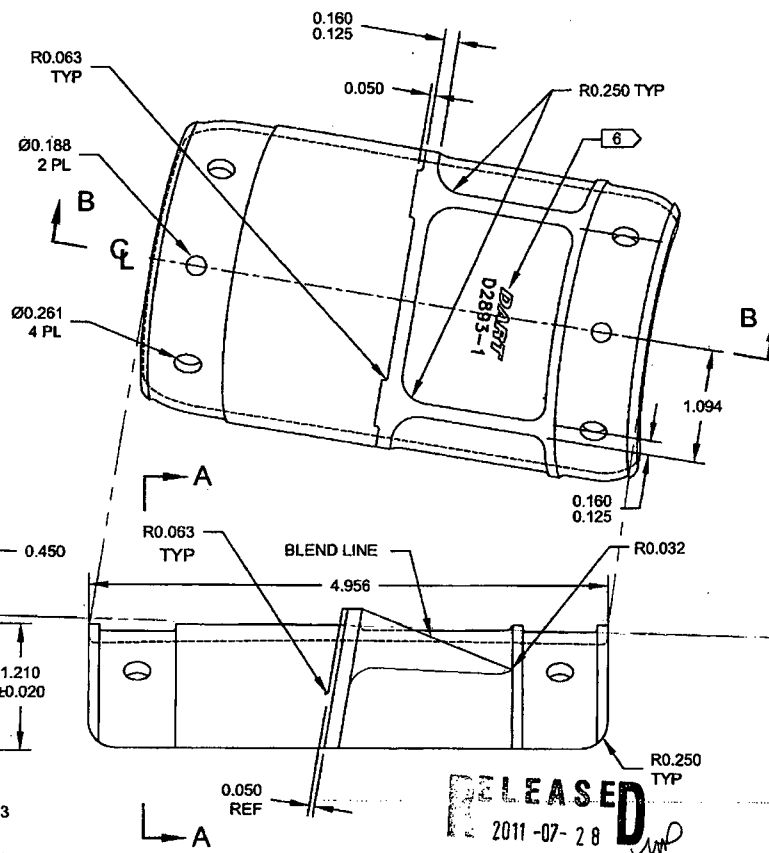
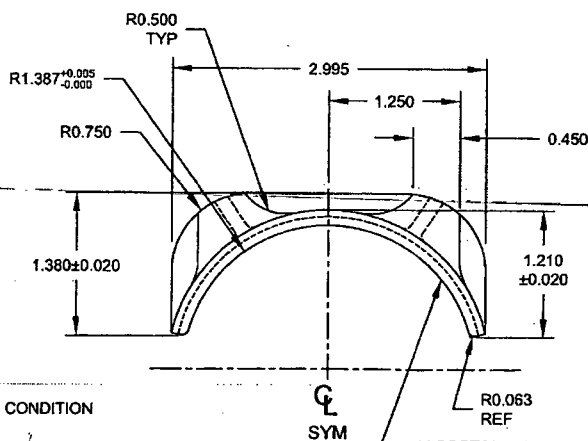
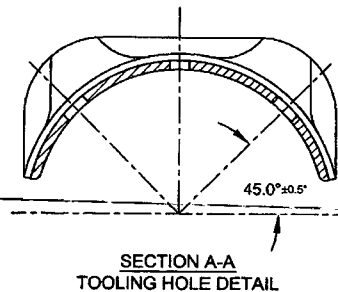
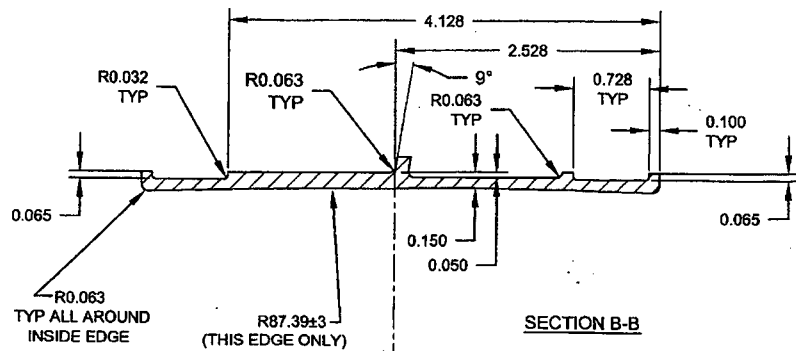
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

8 7 6 5 4 3 2 1



RELEASED  
2011-07-28

**NOTES:**

- 1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION  
MIN UTS = 170 KSI (38 HRc)  
(REF DART SPEC. D6104)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 (REF X.XXX = ±0.010) UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING  
0.010-0.020 DEEP, PER DART QSI 044 6.3.
- 7) WEIGHT: 0.78 lb
- 8) FOR THE ENTIRE INNER CONCAVE SURFACE:  
ABRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.

**D2893-1 SUPPORT**

*Handwritten:* 11-11-19  
126658

REV. C	RMV FINISH, ADD 3M 2216, ADD H925 MAT'L OPTION	CP	11.07.15
B	UPDATE DIMS AS MFG, PRIME INSIDE	PH	07.03.16
A	NEW ISSUE	CP	01.01.10
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.07.15		

<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWING NO. <b>D2893</b>	REV. C SHEET 1 OF 1
TITLE <b>Ø2.750 SUPPORT</b>	SCALE NTS
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